



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: WOODLAWN HOSPITAL

City of Hospital: Rochester

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Carrie Bowers

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Medicare Provider Number: 151313

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$26768950
Outpatient Patient Service Revenue	\$119366563
Total Gross Patient Service Revenue	\$146135513

2. Deductions From Revenue

Contractual Allowance	\$87105773
Other Deductions	\$0
Total Deductions	\$87105773

3. Total Operating Revenue

Net Patient Service Revenue	\$59029741
Other Operating Revenue	\$797487
Total Operating Revenue	\$59827228

4. Operating Expenses

Salaries and Wages	\$25956649	Employee Benefits	\$8003932
Depreciation and Amortization	\$1763432	Interest Expense	\$547773
Bad Debt	\$3635600	Other Expenses	\$22176101
Total Operating Expenses	\$62083487		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2256260	Total Assets	\$38884619
Net Non-operating Gains over Loss	\$3924540	Total Liabilities	\$38884619

Total Net Gains	\$1668280
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$42418626	\$43669045	\$-1250419
Medicaid	\$13197571	\$12069816	\$1127755
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$82954263	\$31366912	\$51587351
Total	\$138570460	\$87105773	\$51464687

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$16776	\$32847	\$-16071
Community Education	\$2401	\$0	\$2401

Number of Medical Professionals Trained	359
Number of Hospital Patients Educated	165
Number of Citizens Exposed to Health Education Messages	100

Statement Six: Charity Statement
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Hospital Charity Charges	\$798311
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$798311	
HCI Payments	\$0		
Subtotal	\$0	\$798311	\$-798311
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,264,544		
Subtotal	\$1264544	\$0	\$1264544
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$3082800	\$0	
Total	\$4347344	\$0	\$4347344

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$310827	\$-310827
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$342	\$75897	\$-75555
Other Allocations	\$0	\$0	\$0

Comments

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